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**2001  
STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC AID  
FINANCIAL AND STATISTICAL REPORT FOR  
LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2001)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<b>I. IDPH Facility ID Number:</b> <u>0044578</u>		<b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>				
<b>Facility Name:</b> <u>Eastview Terrace</u>		<b>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/01</u> to <u>12/31/01</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</b>				
<b>Address:</b> <u>Eastview Place</u> <u>Sullivan</u> <u>61951</u> <div style="display: flex; justify-content: space-between;"> <span>Number</span> <span>City</span> <span>Zip Code</span> </div>		<b>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</b>				
<b>County:</b> <u>Moultrie</u>		<b>Officer or Administrator of Provider</b> (Signed) _____ (Date) _____ (Type or Print Name) _____ (Title) _____				
<b>Telephone Number:</b> <u>(217) 728-7367</u> <b>Fax #</b> <u>(217) 728-8405</u>		<b>Paid Preparer</b> (Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLI</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u> (Telephone) <u>(312) 634-3400</u> <b>Fax #</b> <u>(312) 634-5518</u>				
<b>IDPA ID Number:</b> <u>371346306003</u>		<b>MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</b>				
<b>Date of Initial License for Current Owners:</b> <u>2/01/00</u>						
<b>Type of Ownership:</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust  <b>IRS Exemption Code</b> _____ </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input checked="" type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____ </td> </tr> </table>		<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____		
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____				
<b>In the event there are further questions about this report, please contact Name:</b> <u>Chris Hanover</u> <b>Telephone Number:</b> <u>(312) 634-3400</u> Please send copies of desk review and audit adjustments to address on this page						

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

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Facility Name & ID Number Eastview Terrace# 0044578 Report Period Beginning: 01/01/01 Ending: 12/31/01

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	<u>63</u>	Intermediate (ICF)	<u>63</u>	<u>22,995</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>63</u>	TOTALS	<u>63</u>	<u>22,995</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	<u>15,401</u>	<u>5,349</u>		<u>20,750</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>15,401</u>	<u>5,349</u>		<u>20,750</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 90.24%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been  
eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location

Date started 01/01/00

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 02/01/00NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☐NO ☒

If YES, enter number

of beds certified 0and days of care provided N/AMedicare Intermediary N/A

## IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED  
CASH\* ☐ CASH\* ☐Is your fiscal year identical to your tax year YES ☒ NO ☐Tax Year: 12/31/01 Fiscal Year: 12/31/01

\* All facilities other than governmental must report on the accrual basis

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

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Facility Name &amp; ID Number Eastview Terrace

# 0044578

Report Period Beginning: 01/01/01

Ending: 12/31/01

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	134,738	8,564	1,067	144,369		144,369	19	144,388		1
2	Food Purchase		89,756		89,756		89,756	(2,435)	87,321		2
3	Housekeeping	51,472	13,568		65,040		65,040		65,040		3
4	Laundry	36,376	14,419	947	51,742		51,742		51,742		4
5	Heat and Other Utilities			54,683	54,683		54,683	340	55,023		5
6	Maintenance	32,551	24,547	8,766	65,864		65,864	417	66,281		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	255,137	150,854	65,463	471,454		471,454	(1,659)	469,795		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			10,500	10,500		10,500		10,500		9
10	Nursing and Medical Records	573,063	38,882	1,316	613,261		613,261		613,261		10
10a	Therapy		174		174		174		174		10a
11	Activities	16,462	1,181	1,145	18,788		18,788		18,788		11
12	Social Services	12,036	438	1,145	13,619		13,619	4	13,623		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	601,561	40,675	14,106	656,342		656,342	4	656,346		16
	<b>C. General Administration</b>										
17	Administrative	135,070		28,321	163,391		163,391	(28,321)	135,070		17
18	Directors Fees										18
19	Professional Services			17,140	17,140		17,140	2,864	20,004		19
20	Dues, Fees, Subscriptions & Promotion			12,449	12,449		12,449	(384)	12,065		20
21	Clerical & General Office Expense	38,058	5,182	13,099	56,339		56,339	8,144	64,483		21
22	Employee Benefits & Payroll Taxes			157,505	157,505		157,505	10,592	168,097		22
23	Inservice Training & Education			2,096	2,096		2,096	37	2,133		23
24	Travel and Seminars			5,345	5,345		5,345	1,109	6,454		24
25	Other Admin. Staff Transportation			2,688	2,688		2,688	1,237	3,925		25
26	Insurance-Prop.Liab.Malpractice			32,447	32,447		32,447	1,535	33,982		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	173,128	5,182	271,090	449,400		449,400	(3,187)	446,213		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,029,826	196,711	350,659	1,577,196		1,577,196	(4,842)	1,572,354		29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name &amp; ID Number Eastview Terrace

#0044578

Report Period Beginning:

01/01/01

Ending:

12/31/01

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			99,826	99,826		99,826	(25,557)	74,269			30
31	Amortization of Pre-Op. & Org											31
32	Interest			139,370	139,370		139,370	815	140,185			32
33	Real Estate Taxes			14,777	14,777		14,777	(4,001)	10,776			33
34	Rent-Facility & Grounds							2,145	2,145			34
35	Rent-Equipment & Vehicle			850	850		850	1,494	2,344			35
36	Other (specify): <sup>a</sup>											36
37	<b>TOTAL Ownership</b>			254,823	254,823		254,823	(25,104)	229,719			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Center:											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			34,676	34,676		34,676		34,676			42
43	Other (specify): <sup>a</sup> Nonallowable costs			39,629	39,629		39,629	(39,629)				43
44	<b>TOTAL Special Cost Centers</b>			74,305	74,305		74,305	(39,629)	34,676			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,029,826	196,711	679,787	1,906,324		1,906,324	(69,575)	1,836,749			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

\*\*See schedule of adjustments attached at end of cost report

SEE ACCOUNTANTS' COMPILATION REPORT

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals	(2,435)	2		4
5	Telephone, TV & Radio in Resident Room	(2,021)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(30,621)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(300)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation				16
17	Non-Care Related Fees	(650)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(3,411)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt	(330)	43		24
25	Fund Raising, Advertising and Promotion	(4,863)	43		25
26	Income Taxes and Illinois Personal				26
27	Property Replacement Tax				27
28	Nurse Aide Training for Non-Employee				28
29	Yellow Page Advertising				29
30	Other-Attach Schedule 5A	(32,796)			30
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (77,427)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule	\$		31
32	Donated Goods-Attach Schedule			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	7,852		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 7,852		36
37	(sum of SUBTOTALS (A) and (B) )	\$ (69,575)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport		X	\$		38
39						39
40	Gift and Coffee Shop		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Eastview Terrace  
PROVIDER # 0044578  
12/31/2001

SEE ACCOUNTANTS' COMPILATION REPORT

Schedule 5A

VI. ADJUSTMENT DETAIL  
NON-ALLOWABLE EXPENSES  
LINE 29 - Other

Description	Amount	Schedule V
		Reference
Miscellaneous Income	(91)	21
Goodwill	(24,671)	43
Disallow special events	(4,033)	43
Real Estate Tax	(4,001)	33
Total		<u>(32,796)</u>

Eastview Terrace

ID# 0044578

Report Period Beginning: 01/01/01

Ending: 12/31/01

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
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32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Eastview Terrace

# 0044578

Report Period Beginning:

01/01/01

Ending:

12/31/01

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	19	0	0	0	0	0	0	0	0	0	19	1
2	Food Purchase	(2,435)	0	0	0	0	0	0	0	0	0	0	(2,435)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	340	0	0	0	0	0	0	0	0	0	340	5
6	Maintenance	0	417	0	0	0	0	0	0	0	0	0	417	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(2,435)</b>	<b>776</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,659)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	4	0	0	0	0	0	0	0	0	0	4	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(28,321)	0	0	0	0	0	0	0	0	0	(28,321)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	2,864	0	0	0	0	0	0	0	0	0	2,864	19
20	Fees, Subscriptions & Promotions	(650)	266	0	0	0	0	0	0	0	0	0	(384)	20
21	Clerical & General Office Expenses	0	8,235	0	0	0	0	0	0	0	0	0	8,235	21
22	Employee Benefits & Payroll Taxes	0	10,592	0	0	0	0	0	0	0	0	0	10,592	22
23	Inservice Training & Education	0	37	0	0	0	0	0	0	0	0	0	37	23
24	Travel and Seminar	0	1,109	0	0	0	0	0	0	0	0	0	1,109	24
25	Other Admin. Staff Transportation	0	1,237	0	0	0	0	0	0	0	0	0	1,237	25
26	Insurance-Prop.Liab.Malpractice	0	1,535	0	0	0	0	0	0	0	0	0	1,535	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(650)</b>	<b>(2,446)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,096)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(3,085)</b>	<b>(1,666)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(4,751)</b>	<b>29</b>



## Summary B

**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

[illegible]

Facility Name &amp; ID Number Eastview Terrace

# 0044578

Report Period Beginning: 01/01/01 Ending: 12/31/01

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
James Petersen	60.00%					
Mark Petersen	40.00%	See Attached Schedule		See Attached Schedule		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	1	Dietary	\$	Petersen Health Care Company	0.00%	\$ 19	\$ 19	1
2	V	5	Utilities		Petersen Health Care Company	0.00%	340	340	2
3	V	6	Maintenance Supplies		Petersen Health Care Company	0.00%	417	417	3
4	V	12	Social Services		Petersen Health Care Company	0.00%	4	4	4
5	V	17	Administrative	28,321	Petersen Health Care Company	0.00%		(28,321)	5
6	V	19	Professional Services		Petersen Health Care Company	0.00%	2,864	2,864	6
7	V	20	Fees, Subscriptions & Promotions		Petersen Health Care Company	0.00%	266	266	7
8	V	21	Clerical & General Office		Petersen Health Care Company	0.00%	8,235	8,235	8
9	V	22	Employee Benefits		Petersen Health Care Company	0.00%	10,592	10,592	9
10	V	23	Inservice Training & Education		Petersen Health Care Company	0.00%	37	37	10
11	V	24	Travel & Seminars		Petersen Health Care Company	0.00%	1,109	1,109	11
12	V	25	Other Admin. Staff Transport		Petersen Health Care Company	0.00%	1,237	1,237	12
13	V	26	Insurance-Prop. Liab. Malpractice		Petersen Health Care Company	0.00%	1,535	1,535	13
14	Total			\$ 28,321			\$ 26,655	\$ * (1,666)	14

\* Total must agree with the amount recorded on line 34 of Schedule VI

SEE ACCOUNTANTS' COMPILATION REPORT

**Eastview Terrace**  
**Provider # 0044578**  
**12/31/2001**

**VII Related Parties-Page 6**

Related Nursing Home

City

Robings Manor Nursing Home  
Countryview Terrace  
Sunset Manor Nursing Home  
Kewanee Care Home  
Arcola Health Care Center  
Eastview Terrace  
Havana Health Care Center  
Prairie City Health Care Center

Brighton, IL  
Louisville, IL  
Canton, IL  
Kewanee, IL  
Arcola, IL  
Sullivan, IL  
Havana, IL  
Prairie City, IL

Out of State Nursing Home

Friendly Village  
Horizons Unlimited  
Taylor Park  
Passport  
Meadow Lawn Nursing Center  
Cumberland Heights-Tomahawk  
Maple Park  
Opportunities Unlimited (Workshop setup, no beds)

Rhineland, WI  
Rhineland, WI  
Rhineland, WI  
Rhineland, WI  
Davenport, IA  
Tomahawk, WI  
Rhineland, WI

Other Related Business Entities  
Petersen Health Care Companies  
Petersen Property

Peoria, IL Management/ Bookkeeping  
Canton, IL Building-Sunset Manor

See Accountants' Compilation Report

Facility Name &amp; ID Number Eastview Terrace

# 0044578

Report Period Beginning: 01/01/01

Ending: 12/31/01

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	30 Depreciation	\$	Petersen Health Care Companies	0.00%	\$ 5,064	\$ 5,064
16	V	32 Interest		Petersen Health Care Companies	0.00%	815	815
17	V	34 Rent - Facility & Grounds		Petersen Health Care Companies	0.00%	2,145	2,145
18	V	35 Rent - Equipment & Vehicles		Petersen Health Care Companies	0.00%	1,494	1,494
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$ 9,518	\$ * 9,518

\* Total must agree with the amount recorded on line 34 of Schedule VI

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Eastview Terrace # 0044578 Report Period Beginning: 01/01/01 Ending: 12/31/01

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	James Petersen	President	Administrative	60.00%	513,433	4	10.00%	Salary	\$ 52,568	L . 17 C. 1	1
2	Mark Petersen	Secretary	Administrative	40.00%	222,745	4	10.00%	Salary	22,806	L . 17 C. 1	2
3	Todd Petersen	Administration	Administrative	0.00	64,710	3	7.50%	Salary	6,625	L . 21 C. 1	3
4											4
5											5
6	See Attached Schedule 7A										6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 81,999		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Eastview Terrace  
Provider # 0044578  
12/31/2001

Schedule 7A

VII. Related Parties (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

Compensation Received From Other Nursing Homes

Name	Bement Health Care	Kewanee Care Center	Country View Terrace	Arcola Health Care	Meadow Lawn Nursing	Robings Manor	Sunset Manor	Havana Care Center	Prairie City	Total	Eastview Terrace	Grand Total
James Petersen	53,064	68,695	14,795	88,261	58,818	60,034	91,851	59,421	18,494	513,433	52,568	566,001
Mark Petersen	23,021	29,802	6,419	38,291	25,517	26,045	39,848	25,779	8,023	222,745	22,806	245,551
Todd Petersen	6,688	8,658	1,865	11,124	7,413	7,566	11,576	7,489	2,331	64,710	6,625	71,335
Total Compensation Received From Other Nursing Homes	82,773	107,155	23,079	137,676	91,748	93,645	143,275	92,689	28,848	800,888	81,999	882,887

See Accountants' Compilation Report

Facility Name & ID Number Eastview Terrace# 0044578Report Period Beginning: 01/01/01Ending: 12/31/01

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Petersen Health Care Companies  
 Street Address 7218 North Villa Lake  
 City / State / Zip Code Peoria, IL 61614  
 Phone Number ( 309) 691-8113  
 Fax Number ( 309) 691-8622

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1 Dietary	Patient Days	223416	8	\$ 200	\$	20,750	\$ 19	1
2	5 Utilities	Patient Days	223416	8	3,666		20,750	340	2
3	6 Maintenance Supplies	Patient Days	223416	8	4,490		20,750	417	3
4	12 Social Services	Patient Days	223416	8	40		20,750	4	4
5	19 Professional Services	Patient Days	223416	8	30,834		20,750	2,864	5
6	20 Fees, Subscriptions & Promotions	Patient Days	223416	8	2,859		20,750	266	6
7	21 Clerical & General Office Exp	Patient Days	223416	8	88,667		20,750	8,235	7
8	22 Employee Benefits	Patient Days	223416	8	114,040		20,750	10,592	8
9	23 Inservice Training & Education	Patient Days	223416	8	402		20,750	37	9
10	24 Travel & Seminar	Patient Days	223416	8	11,946		20,750	1,109	10
11	25 Other Admin. Staff Transport	Patient Days	223416	8	13,319		20,750	1,237	11
12	26 Insurance-Prop. Liab. Malpractice	Patient Days	223416	8	16,524		20,750	1,535	12
13	30 Depreciation	Patient Days	223416	8	54,520		20,750	5,064	13
14	32 Interest	Patient Days	223416	8	8,774		20,750	815	14
15	33 Rent - Facility & Grounds	Patient Days	223416	8	23,100		20,750	2,145	15
16	34 Rent -Equipment & Vehicles	Patient Days	223416	8	16,083		20,750	1,494	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 389,464	\$		\$ 36,173	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Eastview Terrace# 0044578

Report Period Beginning:

01/01/01

Ending:

12/31/01

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	First Bank		X	Mortgage	\$11,561.09	12/20/99	\$ 1,318,000	\$ 1,225,667	2/12/03	0.0542	\$ 113,323	1
2	First Bank		X	Van Purchase	\$867.91	2/12/00	52,075	32,981	2/12/05	0.0750	1,315	2
3	Bank of Farmington		X	Car Purchase	\$499.00	03/28/01	11,987	7,492	04/27/03	0.0790	377	3
4												4
5												5
	Working Capital											
6	First Bank		X	Working Capital	Interest only	12/20/99	150,000	150,000	12/01/02	0.0575	20,022	6
7												7
8												8
9	TOTAL Facility Related				\$12,928.00		\$ 1,532,062	\$ 1,416,140			\$ 135,037	9
	B. Non-Facility Related*											
10	Loan Amortization Cost										4,333	10
11	Allocated from Management Co.										815	11
12	People's National Bank		x	Purchase House	Various	03/01/01	135,671	135,671	03/01/16	Prime	0	12
13												13
14	TOTAL Non-Facility Related						\$ 135,671	\$ 135,671			\$ 5,148	14
15	TOTALS (line 9+line14)						\$ 1,667,733	\$ 1,551,811			\$ 140,185	15

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.

(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number **Eastview Terrace**# **0044578** Report Period Beginning: **01/01/01** Ending: **12/31/01****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and t must accompany the cost report		
1. Real Estate Tax accrual used on 2000 report.			\$ <b>10,402</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2000		\$ <b>10,589</b>	2
3. Under or (over) accrual (line 2 minus line 1).			\$ <b>187</b>	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ <b>10,589</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru			\$ <b>10,776</b>	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	1996	8	2001 accrual is	
	1997	9	100% 2000 tax bil	
	1998	10		
	1999	11		
	2000	12		
			<b>FOR OHF USE ONLY</b>	
			13	FROM R. E. TAX STATEMENT FOR 2000 \$ 13
			14	PLUS APPEAL COST FROM LINE 5 \$ 14
			15	LESS REFUND FROM LINE 6 \$ 15
			16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed**

SEE ACCOUNTANTS' COMPILATION REPORT

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

## 2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY IDPH LICENSE NUMBER 0044578

TELEPHONE (309) 691-8113 FAX #: (309) 691-8622

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

### B. Real Estate Tax Cost Allocations

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name &amp; ID Number Eastview Terrace

# 0044578

Report Period Beginning:

01/01/01

Ending:

12/31/01

## X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 13,082 B. General Construction Type: Exterior Block Frame Steel Number of Stories 1C. Does the Operating Entity? ☒ (a) Own the Facility ☐ (b) Rent from a Related Organization ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization ☒ (c) Rent equipment from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, et List entity name, type of business, square footage, and number of beds/units available (where applicable)

NoneF. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO  
If so, please complete the following:1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized N/A3. Current Period Amortization: N/A 4. Dates Incurred: N/ANature of Costs: N/A

(Attach a complete schedule detailing the total amount of organization and pre-operating costs)

## XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>	<u>217,546</u>		\$ <u>100,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<u>217,546</u>		\$ <u>100,000</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment.** (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	57	2000	1976	\$ 982,565	\$ 25,194	39	\$ 25,194		\$ 50,388
5	6	2000	1985						
6									
7									
8									
<b>Improvement Type**</b>									
9	Water Heater	2000		4,800	1,176	7	686	(490)	1,029
10	Concrete Pad	2000		500	13	20	25	12	38
11	Painting Exterior Building	2000		2,480	794	5	496	(298)	744
12	Fence	2000		3,953	376	15	264	(112)	396
13	Asphalt Parking Lot	2000		2,370	225	15	158	(67)	237
14	Carpet	2000		503	123	7	72	(51)	108
15	Flooring	2001		72,265	849	39	926	77	926
16	Remodeling	2001		6,245	73	39	80	7	80
17	Roofing	2001		2,159	21	39	28	7	28
18	Roofing	2001		12,000	13	39	154	141	154
19	Replacement - Glass	2001		1,179	168	7	84	(84)	84
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**See Page 12A, Line 70 for total**

SEE ACCOUNTANTS' COMPILATION REPORT

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,091,019	\$ 29,025		\$ 28,167	\$ (858)	\$ 54,212	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

## XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,091,019	\$ 29,025		\$ 28,167	\$ (858)	\$ 54,212	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,091,019	\$ 29,025		\$ 28,167	\$ (858)	\$ 54,212	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,091,019	\$ 29,025		\$ 28,167	\$ (858)	\$ 54,212	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,091,019	\$ 29,025		\$ 28,167	\$ (858)	\$ 54,212	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

## XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,091,019	\$ 29,025		\$ 28,167	\$ (858)	\$ 54,212	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,091,019	\$ 29,025		\$ 28,167	\$ (858)	\$ 54,212	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



Facility Name &amp; ID Number Eastview Terrace

# 0044578

Report Period Beginning:

01/01/01

Ending:

12/31/01

## XI. OWNERSHIP COSTS (continued)

## C. Equipment Depreciation-Excluding Transportation. (See instruction

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 190,297	\$ 47,105	\$ 27,564	\$ (19,541)	5-7	\$ 54,762	71
72	Current Year Purchases	52,340	7,816	3,908	(3,908)	5-7	3,908	72
73	Fully Depreciated Assets							73
74	Allocated from Management Co.			5,064	5,064			74
75	TOTALS	\$ 242,637	\$ 54,921	\$ 36,536	\$ (18,385)		\$ 58,670	75

## D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Plymouth Voyager 2000	2000	\$ 42,307	\$ 13,538	\$ 8,461	\$ (5,077)	5	\$ 16,922	76
77	Facility	Malibu 2000	2001	11,054	2,210	1,105	(1,105)	5	1,105	77
78										78
79										79
80	TOTALS			\$ 53,361	\$ 15,748	\$ 9,566	\$ (6,182)		\$ 18,027	80

## E. Summary of Care-Related Asset

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 1,487,017	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 99,694	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 74,269	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (25,425)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 130,909	85

## F. Depreciable Non-Care Assets Included in General Ledger. (See instructions

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Kewanee House - 2001	\$ 140,400	\$ 0	\$ 0	86
87	Work In Process-Cost in section G	0	132	132	87
88					88
89					89
90					90
91	TOTALS	\$ 140,400	\$ 132	\$ 132	91

## G. Construction-in-Progres

	Description	Cost	
92	Farnsworth - Expansion	\$ 8,226	92
93			93
94			94
95		\$ 8,226	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* This must agree with Schedule V line 30, column f

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A  
 2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  
 If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocated from Management Co.				2,145			5
6								6
7	TOTAL				\$ 2,145			7

8. List separately any amortization of lease expense included on page 4, line 34.  
 This amount was calculated by dividing the total amount to be amortized  
 by the length of the lease \_\_\_\_\_.

9. Option to Buy: ☐ YES ☐ NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO  
 16. Rental Amount for movable equipment: \$ 2,344 Description: Dish Washer \$850, Allocated from Management Company \$1,494  
 (Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18			N/A		18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:  
 Beginning \_\_\_\_\_  
 Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_/2002 \$ \_\_\_\_\_  
 13. \_\_\_\_\_/2003 \$ \_\_\_\_\_  
 14. \_\_\_\_\_/2004 \$ \_\_\_\_\_

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility)

<p>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		1		2		3		4	
		Facility							
		Drop-outs		Completed		Contract		Total	
1	Community College Tuition	\$		\$		\$		\$	
2	Books and Supplies								
3	Classroom Wages (a)								
4	Clinical Wages (b)								
5	In-House Trainer Wage (c)								
6	Transportation								
7	Contractual Payments								
8	Nurse Aide Competency Tests								
9	TOTALS	\$		\$		\$		\$	
10	SUM OF line 9, col. 1 and 2 (e)	\$							

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit.  
(b) Include wages paid during the clinical portion of training. Do not include fringe benefit.  
(c) For in-house training programs only. Do not include fringe benefit.  
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities:

\$ \_\_\_\_\_

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides  
SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L. 10A C. 2	hrs				174		174	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$ 174		\$ 174	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 500	\$ 500	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 14,685 )	401,789	401,789	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,175	6,175	6
7	Other Prepaid Expenses	14,695	14,695	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Employee Advances</u>	600	600	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 423,759	\$ 423,759	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	100,000	100,000	13
14	Buildings, at Historical Cost	1,091,019	1,091,019	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	295,998	295,998	16
17	Accumulated Depreciation (book methods)	(161,577)	(130,909)	17
18	Deferred Charges		1,910	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (sp <u>Loan Cost</u> )	4,333	4,333	22
23	Other(specify): <u>See Schedule 17A</u>	469,295	469,295	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,799,068	\$ 1,831,646	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 2,222,827	\$ 2,255,405	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 230,518	\$ 230,518	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	41,643	41,643	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	10,589	10,589	32
33	Accrued Interest Payable	8,603	8,603	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17a</u>	67,428	67,428	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 358,781	\$ 358,781	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	190,473	190,473	39
40	Mortgage Payable	1,225,667	1,225,667	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Mortgage Payable House</u>	135,671	135,671	43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 1,551,811	\$ 1,551,811	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 1,910,592	\$ 1,910,592	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 312,235	\$ 344,813	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 2,222,827	\$ 2,255,405	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**Facility Name**     Eastview Terrace  
**PROVIDER #**        0044578  
**Period Ending**    12/31/01

**Schedule 17A**

**XV. BALANCE SHEET**

**A. Current Assets**

	<u>Operating</u>	<u>After Consolidation</u>
Line 23, Other (specify)		
Construction in Progress	8,226	8,226
Kewanee House	140,400	140,400
Good will	370,000	370,000
Amortization of Goodwill	(49,331)	(49,331)
Total	<u>469,295</u>	<u>469,295</u>

**C. Current Liabilities**

**Line 36, Other Current Liabilities (specify):**

	<u>Operating</u>	<u>After Consolidation</u>
R/E Tax Escrow- Kewanee	(1,085)	(1,085)
Accrued Sales Tax	(63)	(63)
Accrued Insurance - General	(2,492)	(2,492)
Accrued Insurance - W/C	(3,828)	(3,828)
Accrued Expenses	(16,315)	(16,315)
Interco- Havana	(40,000)	(40,000)
Interco- Kewanee	(3,645)	(3,645)
Total	<u>(67,428)</u>	<u>(67,428)</u>

SEE ACCOUNTANTS' COMPILATION REPORT

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	<b>\$ 179,105</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Rounding</b>	<b>(1)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	<b>\$ 179,104</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>146,598</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(13,467)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ 133,131</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ 312,235</b>	<b>24 *</b>

Operating entity only

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Eastview Terrace

# 0044578

Report Period Beginning: 01/01/01

Ending: 12/31/01

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expenses.**

1			
	Revenue	Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 2,049,854	1
2	Discounts and Allowances for all Levels		2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 2,049,854	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursement		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,435	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patient		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 2,435	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income**		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Transportation Income</b>	542	28
28a	<b>Miscellaneous Income</b>	91	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 633	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 2,052,922	30

2			
	Expenses	Amount	
<b>A. Operating Expenses</b>			
31	General Services	471,454	31
32	Health Care	656,342	32
33	General Administration	449,400	33
<b>B. Capital Expense</b>			
34	Ownership	254,823	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	39,629	35
36	Provider Participation Fee	34,676	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 1,906,324	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	146,598	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 146,598	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.  
Entity files as a cash basis taxpayer

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\* Provide a detailed breakdown of "Other Revenue" on an attached sheet.



Facility Name &amp; ID Number Eastview Terrace

# 0044578

Report Period Beginning: 01/01/01

Ending:

12/31/01

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,935	1,935	\$ 36,759	\$ 19.00	1
2	Assistant Director of Nursing	1,300	1,300	26,040	20.03	2
3	Registered Nurses	5,587	5,587	93,216	16.68	3
4	Licensed Practical Nurses	9,364	9,804	117,795	12.01	4
5	Nurse Aides & Orderlies	32,355	32,631	284,096	8.71	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,414	2,414	16,413	6.80	9
10	Activity Assistants	8	8	49	6.13	10
11	Social Service Worker	981	1,061	12,036	11.34	11
12	Dietician	161	161	3,892	24.17	12
13	Food Service Supervisor	2,080	2,080	25,881	12.44	13
14	Head Cook					14
15	Cook Helpers/Assistants	14,873	15,286	104,965	6.87	15
16	Dishwashers					16
17	Maintenance Worker	2,985	2,985	32,551	10.90	17
18	Housekeepers	7,224	7,264	51,472	7.09	18
19	Laundry	5,507	5,507	36,376	6.61	19
20	Administrator	2,033	2,033	59,696	29.36	20
21	Assistant Administrator					21
22	Other Administrative	394	394	75,374	191.30	22
23	Office Manager	2,080	2,080	18,140	8.72	23
24	Clerical	1,138	1,138	19,918	17.50	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	83	83	665	8.01	31
32	Other Health Care: <u>Care Plan Coord.</u>	1,106	1,106	14,492	13.10	32
33	Other(specify) _____					33
34	TOTAL (lines 1 - 33)	93,608	94,857	\$ 1,029,826 *	\$ 10.86	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	17	\$ 656	L .1C.3	35
36	Medical Director	Monthly	10,500	L .9 C. 3	36
37	Medical Records Consultant	Monthly	118	L .10 C.3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	650	L .10 C.3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	42	1,145	L .11 C. 3	44
45	Social Service Consultant	42	1,145	L .12 C. 3	45
46	Other(specify) _____				46
47					47
48					48
49	TOTAL (lines 35 - 48)	101	\$ 14,214		49

## C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

## **XIX. SUPPORT SCHEDULES**

[illegible]

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

**\*\*See instructions.**

Facility Name	Eastview Terrace
PROVIDER #	0044578
Period Ending	12/31/01

**Schedule 21C**

**XIX. SUPPORT SCHEDULE**

**C. Professional Services**

Total (agree to Schedule V, line 19, column 3)	17,140
--	--------

Home Office Allocation - Computer Services	882
Home Office Allocation - Accounting AM&G	16
Home Office Allocation - Accounting Ginoli & Company	1,710
Home Office Allocation - Accounting Brighton	68
Bush, Snyder & Associates	188

Total (agree to Schedule V, line 19, column 8)	<u>20,004</u>
--	---------------

**See Accountants' Compilation Report**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
 (See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Carpet and Chair Cleanin	1/15/00	\$ 1,455	3	\$	\$	\$ 243	\$ 485	\$ 485	\$ 242	\$	\$	\$
2	Hot Water Repair	4/12/00	2,366	3			395	788	788	395			
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 3,821		\$	\$	\$ 638	\$ 1,273	\$ 1,273	\$ 637	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

(19) If total legal fees are in excess of \$2500, have legal invoices and a summary of service performed been attached to this cost report N/A  
Attach invoices and a summary of services for all architect and appraisal fee

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	134,738	8,564	1,067	144,369	0	144,369	19	144,388
2. Food Purchase	0	89,756	0	89,756	0	89,756	-2,435	87,321
3. Housekeeping	51,472	13,568	0	65,040	0	65,040	0	65,040
4. Laundry	36,376	14,419	947	51,742	0	51,742	0	51,742
5. Heat and Other Utilities	0	0	54,683	54,683	0	54,683	340	55,023
6. Maintenance	32,551	24,547	8,766	65,864	0	65,864	417	66,281
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	255,137	150,854	65,463	471,454	0	471,454	-1,659	469,795
9. Medical Director	0	0	10,500	10,500	0	10,500	0	10,500
10. Nursing & Medical Records	573,063	38,882	1,316	613,261	0	613,261	0	613,261
10a. Therapy	0	174	0	174	0	174	0	174
11. Activities	16,462	1,181	1,145	18,788	0	18,788	0	18,788
12. Social Services	12,036	438	1,145	13,619	0	13,619	4	13,623
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	601,561	40,675	14,106	656,342	0	656,342	4	656,346
17. Administrative	135,070	0	28,321	163,391	0	163,391	-28,321	135,070
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	17,140	17,140	0	17,140	2,864	20,004
20. Fees, Subscriptions & Promotion	0	0	12,449	12,449	0	12,449	-384	12,065
21. Clerical & General Office	38,058	5,182	13,099	56,339	0	56,339	8,144	64,483
22. Employee Benefits & Payroll	0	0	157,505	157,505	0	157,505	10,592	168,097
23. Inservice Training & Education	0	0	2,096	2,096	0	2,096	37	2,133
24. Travel and Seminar	0	0	5,345	5,345	0	5,345	1,109	6,454
25. Other Admin. Staff Trans	0	0	2,688	2,688	0	2,688	1,237	3,925
26. Insurance-Prop.Liab.Malpractice	0	0	32,447	32,447	0	32,447	1,535	33,982
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	173,128	5,182	271,090	449,400	0	449,400	-3,187	446,213
29. Total General Administrative	1,029,826	196,711	350,659	1,577,196	0	1,577,196	-4,842	1,572,354
30. Depreciation	0	0	99,826	99,826	0	99,826	-25,557	74,269
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	139,370	139,370	0	139,370	815	140,185
33. Real Estate	0	0	14,777	14,777	0	14,777	-4,001	10,776
34. Rent - Facility & Grounds	0	0	0	0	0	0	2,145	2,145
35. Rent - Equipment & Vehicles	0	0	850	850	0	850	1,494	2,344
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	254,823	254,823	0	254,823	-25,104	229,719
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	0	0	0	0	0	0	0
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	34,676	34,676	0	34,676	0	34,676
43. Other (specify):*	0	0	39,629	39,629	0	39,629	-39,629	0
44. Total Special Cost Ce	0	0	74,305	74,305	0	74,305	-39,629	34,676
45. Grand Total	1,029,826	196,711	679,787	1,906,324	0	1,906,324	-69,575	1,836,749

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	500	500
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	401,789	401,789
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	6,175	6,175
7. Other Prepaid Expenses	14,695	14,695
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	600	600
10. Total current assets	423,759	423,759
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	100,000	100,000
14. Buildings, at Historical Cost	1,091,019	1,091,019
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	295,998	295,998
17. Accumulated Depreciation (book methods)	-161,577	-130,909
18. Deferred Charges	0	1,910
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	4,333	4,333
23. other (specify):	469,295	469,295
24. Total Long-Term Assets	1,799,068	1,831,646
25. Total Assets	2,222,827	2,255,405
CURRENT LIABILITIES		
26. Accounts Payable	230,518	230,518
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	41,643	41,643
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	10,589	10,589
33. Accrued Interest Payable	8,603	8,603
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	67,428	67,428
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	358,781	358,781
LONG TERM LIABILITES		
39. Long-Term Notes Payable	190,473	190,473
40. Mortgage Payable	1,225,667	1,225,667
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	135,671	135,671
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	1,551,811	1,551,811
46. Total Liabilities	1,910,592	1,910,592
47. Total Equity	312,235	344,813
48. Total Liabilities and Equity	2,222,827	2,255,405

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,049,854
2. Discounts and Allowances for all Levels	0
Subtotal - Inpatient Care	2,049,854
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	0
7. Oxygen	0
Subtotal - Ancillary Revenue	0
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	2,435
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	0
21. Other Medical Services	0
22. Laundry	0
Subtotal - Other Operating Revenue	2,435
24. Contributions	0
25. Interest and Other Investments Income	0
Subtotal - Non-Operating Revenue	0
27. Other Revenue (specify):	542
28. Other Revenue (specify):	91
Subtotal - Other Revenue	633
30. Total Revenue	2,052,922
31. General Services	471,454
32. Health Care	656,342
33. General Administration	449,400
34. Ownership	254,823
35. Special Cost Centers	39,629
35. Provider Participation Fee	34,676
37. Other	0
40. Total Expenses	1,906,324
41. Income Before Income Taxes	146,598
42. Income Taxes	0
43. Net Income or Loss for the Year	146,598



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10 Attachment of Real Estate Bill and fill out form

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12 P12 does not show totals, it carries to P12a, therefore P12a must always be attached

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19 The bottom right side of page under \*\*, you must write in any comments

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## RECONCILIATION REPORT

Eastview Terrace

02:32 PM 11/07/05

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-69,575	equal to	-69,575	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	140,185	equal to	140,185	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	10,776	equal to	10,776	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	74,269	equal to	74,269	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	2,145	equal to	2,145	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	2,344	equal to	2,344	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv. - Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	174	equal to	174	0	O.K.	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	174	equal to	#VALUE!	#VALUE!	#VALUE!	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	471,454	equal to	471,454	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	656,342	equal to	656,342	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	449,400	equal to	449,400	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	254,823	equal to	254,823	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	39,629	equal to	39,629	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	34,676	equal to	34,676	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	573,063	equal to	573,063	0	O.K.	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	16,462	equal to	16,462	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	12,036	equal to	12,036	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	134,738	equal to	134,738	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	32,551	equal to	32,551	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	51,472	equal to	51,472	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	36,376	equal to	36,376	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	135,070	equal to	135,070	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	38,058	equal to	38,058	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	1,029,826	equal to	1,029,826	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	656	< or = to	1,067	-411	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	10,500	< or = to	10,500	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	768	< or = to	1,316	-548	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	1,145	< or = to	1,145	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	1,145	< or = to	1,145	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched. - Admin. Salar.	135,070	equal to	135,070	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched. - Admin. Other	28,321	equal to	28,321	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched. - Prof. Serv.	17,140	equal to	17,140	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched. - Benefit/Taxes	168,097	equal to	168,097	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched. - Sched of dues..	12,065	equal to	12,065	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched. - Sched. of trav	6,454	equal to	6,454	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	34,676	equal to	34,676	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	N/A	< or = to	10,592	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	N/A	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	N/A	equal to	0	#VALUE!	#VALUE!	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	7,852	equal to	7,852	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	1,551,811	equal to	1,416,140	135,671	FAILED	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	10,589	equal to	10,589	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	100,000	equal to	100,000	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	1,091,019	equal to	1,091,019	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	295,998	equal to	295,998	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	130,909	equal to	130,909	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	312,235	equal to	312,235	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	146,598	equal to	146,598	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	1,910	equal to	1,910	0	O.K.	Pg22 F31-J31..i	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	2,222,827	equal to	2,222,827	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1